

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11862</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>KEVIN</u> <u>L</u> <u>COTTER</u> P.O. Box, Bldg., Room No., if any <u>24</u> Street <u>RAWSON ROAD</u> City <u>QUINCY</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02170</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS UNION LOCAL NO. 12</u> Labor Organization File Number <u>005674</u> P.O. Box, Building and Room Number, if any <u>1240</u> Street <u>MASSACHUSETTS AVENUE</u> City <u>BOSTON</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02125</u>
5. Position in labor organization. <u>LABOR TRUSTEE, BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Kevin L Cotter

On 8/12/05
Date

617-472-1205
Telephone Number

Name of Person Filing <u>KEVIN GUTTER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>KEVIN GITTER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>1230-1236</u></p> <p>Street <u>MASSACHUSETTS AVENUE</u></p> <p>City <u>BOSTON</u></p> <p>State <u>Massachusetts</u> ZIP Code + 4 <u>02125</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$5</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>LUNCH SERVED AT THE TRUST MEETING OF JANUARY 8, 2004.</u></p> <hr/> <p>12.b. Amount. \$5</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF FEBRUARY 12,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF FEBRUARY 12,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236Street MASSACHUSETTS AVENUECity BOSTONState Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF FEBRUARY 12,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(Including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing KEVIN COTTER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PLUMBERS LOCAL 12 LABOR MANAGEMENT COOP.TR.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **1230-1236**

Street **MASSACHUSETTS AVENUE**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02125**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUST FORMED TO FOSTER AND ENHANCE OPPORTUNITIES, EXPLORE INDUSTRY TRENDS, AND EXCHANGE INFORMATION AMONG PLUMBERS GASFITTERS AND EMPLOYERS THROUGH A JOINTLY TRUSTEED LABOR-MANAGEMENT TRUST AND FUNDED THROUGH THE CBA.

11.b. Approximate dollar value of such dealing.

\$2,212

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES FOR ATTENDANCE AT THE MECHANICAL CONTRACTORS OF AMERICA ANNUAL CONFERENCE 2/28/04 TO 3/4/04 PURSUANT TO A VOTE OF THE TRUSTEES OF THE TRUST ACCORDING TO THE TRUST DOCUMENTS.

12.b. Amount.

\$2,212

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL 12 LABOR MANAGEMENT COOP.TR.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUST FORMED TO FOSTER AND ENHANCE OPPORTUNITIES, EXPLORE INDUSTRY TRENDS, AND EXCHANGE INFORMATION AMONG PLUMBERS GASFITTERS AND EMPLOYERS THROUGH A JOINTLY TRUSTED LABOR-MANAGEMENT TRUST AND FUNDED THROUGH THE CBA.

11.b. Approximate dollar value of such dealing.

\$475

12.a. Nature of interest held or income received.

REGISTRATION FEE FOR ATTENDANCE AT THE MECHANICAL CONTRACTORS OF AMERICA ANNUAL CONFERENCE 2/28/04 TO 3/4/04

12.b. Amount.

\$475

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing KEVIN GOTTEL

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236Street MASSACHUSETTS AVENUECity BOSTONState Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$4

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF MARCH 11,
2004.

12.b. Amount.

\$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$4

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF MARCH 11, 2004.

12.b. Amount.

\$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN GUTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts

ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$4

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF MARCH 11,
2004.

12.b. Amount.

\$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing <u>KEVIN COTTER</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$4

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF APRIL 8, 2004.

12.b. Amount.

\$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>KEVIN GATTE</u>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>PLUMBERS UNION LOCAL NO. 12 PENSION PLAN</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>1230-1236</u> Street <u>MASSACHUSETTS AVENUE</u> City <u>BOSTON</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02125</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.</u> <hr/> 11.b. Approximate dollar value of such dealing. \$4 12.a. Nature of interest held or income received. <u>LUNCH SERVED AT THE TRUST MEETING OF APRIL 8, 2004.</u> <hr/> 12.b. Amount. \$4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <u>KEVIN COTTER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>1230-1236</u></p> <p>Street <u>MASSACHUSETTS AVENUE</u></p> <p>City <u>BOSTON</u></p> <p>State <u>Massachusetts</u> ZIP Code + 4 <u>02125</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.</u></p>
	<p>11.b. Approximate dollar value of such dealing. \$4</p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>LUNCH SERVED AT THE TRUST MEETING OF APRIL 8, 2004.</u></p>
	<p>12.b. Amount. \$4</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing

KEVIN POTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts

ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF MAY 14, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JUNE 1, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JUNE 1, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JUNE 22,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>KEVIN CATTER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JULY 20, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>KEVIN COTTER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF JULY 20, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF AUGUST 24,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF AUGUST 24, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>KEVIN COTTER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF AUGUST 24, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF SEPTEMBER 14,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>KEVIN COTTER</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5.

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>KEVIN COTTER</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4, 2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 4,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$3

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 16,
2004.

12.b. Amount.

\$3

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$3

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 16,
2004.

12.b. Amount.

\$3

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$3

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF NOVEMBER 16,
2004.

12.b. Amount.

\$3

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 ANNUITY PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14,
2004.

12.b. Amount.

\$5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

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P.O. Box, Bldg., Room No., if any

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City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

KEVIN COTTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts

ZIP Code + 4 02125

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

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LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14,
2004.

12.b. Amount.

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P.O. Box, Bldg., Room No., if any

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City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

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File Number U-

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8. Name and address of Business (including trade name, if any).

Name PLUMBERS UNION LOCAL NO. 12 WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1230-1236

Street MASSACHUSETTS AVENUE

City BOSTON

State Massachusetts

ZIP Code + 4 02125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PLAN ADMINISTRATION OF COLLECTIVELY BARGAINED
EMPLOYEE BENEFIT PLAN.

11.b. Approximate dollar value of such dealing.

\$5

12.a. Nature of interest held or income received.

LUNCH SERVED AT THE TRUST MEETING OF DECEMBER 14,
2004.

12.b. Amount.

\$5

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13.a. Name and address of Employer or Labor Relations Consultant
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P.O. Box, Bldg., Room No., if any

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ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant?

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14.b. Amount of payment.